



Idaho State Board of Pharmacy

1199 W Shoreline Lane Ste 303 Boise, Idaho 83702-9103 <http://bop.idaho.gov>
P.O. Box 83720 Boise, Idaho 83720-0067 208.334.2356 208.334.3536 fax

Credit Card Transmittal Form ~Print Legibly~

Order Information:

(Description of what & who payment is for)

Name as it appears on card:

Billing Address:

City

State

Postal Code

Telephone Number:

Card Number: - - -

Type of Card: ☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

Expiration (mm/yy): / Authorized Charge:

If you would like to receive a receipt of this transaction provide your email address below

Email Address:

All fields (except email) are required in order to process payment/order.

In accordance with the contract between the State of Idaho and our service provider, Access Idaho, a 3% service charge and a \$1.00 non-refundable fee is added to each transaction. The Board of Pharmacy does not receive any part of this additional fee, it is retained by Access Idaho.

Privacy Notice: This form is used to process your credit card payment for registration of licenses or services with the Idaho State Board of Pharmacy. Your credit card information is NOT retained in our office.